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|---|----------------------|------------------------|---------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/660,904 | |
| | Filing Date | September 11, 2003 | |
| | First Named Inventor | Daniel J. Damon | |
| | Art Unit | 3618 | |
| | Examiner Name | Hau Van Phan | |
| Total Number of Pages in This Submission | 13 | Attorney Docket Number | MPW 3H3 |

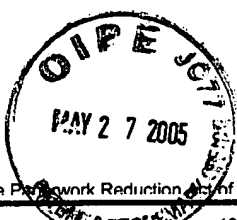
| ENCLOSURES (Check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="text"/> Remarks | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|------------------------|----------|--------|
| Firm Name | Kolisch Hartwell, P.C. | | |
| Signature | | | |
| Printed name | David S. D'Ascenzo | | |
| Date | May 25, 2005 | Reg. No. | 39,952 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|--------------------|------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | | | |
| Typed or printed name | David S. D'Ascenzo | Date | May 25, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | 10/660,904 |
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| First Named Inventor | Daniel J. Damon |
| Examiner Name | Hau Van Phan |
| Art Unit | 3618 |
| Attorney Docket No. | MPW 3H3 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 11-1540 Deposit Account Name: Kolisch Hartwell, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims 36 - 20 or HP = 0 x = 0.00
HP = highest number of total claims paid for, if greater than 20

Indep. Claims 2 - 3 or HP = 0 x = 0.00
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
/ 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fees Paid (\$)

SUBMITTED BY

Signature

Registration No. 39,952
(Attorney/Agent)Telephone (503) 224-6655Name (Print/Type) David S. D'AscenzoDate May 25, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Date: May 25, 2005

In re Application of

DANIEL J. DAMON

Serial No. : 10/660,904

Group Art Unit: 3618

Filed : September 11, 2003

Examiner: Hau Van Phan

For : BATTERY RETAINER ASSEMBLY
FOR CHILDREN'S RIDE-ON VEHICLES

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

AMENDMENT AFTER FINAL AND REQUEST FOR RECONSIDERATION

In response to the final Office action dated April 27, 2005 and a May 25, 2005 telephone interview, please consider the following remarks.

| | |
|---------------------------------|------------------|
| Amendments to the Specification | None |
| Amendments to the Claims | Begin on page 2 |
| Amendments to the Drawings | None |
| Remarks | Begin on page 10 |